



## MEMBERSHIP FORM

### CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

533A-5<sup>th</sup> Floor, 715 McDermot Avenue, Winnipeg, MB R3E 0V9

Telephone: 204-594-5323 Website: [goodbear.ca](http://goodbear.ca)

Email: [childrenshospitalguildofmb@gmail.com](mailto:childrenshospitalguildofmb@gmail.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_ I wish to receive correspondence by Canada Post

Email Address: \_\_\_\_\_

\_\_\_\_\_ I wish to receive correspondence by e-mail

Phone Numbers: HOME: \_\_\_\_\_ Cell: \_\_\_\_\_

Guild activities you would like to participate in:

\_\_\_\_\_ Nearly New Shop \_\_\_\_\_ Sew4Kids \_\_\_\_\_ Fundraising Events

\_\_\_\_\_ Fashion Show \_\_\_\_\_ CH Book Market \_\_\_\_\_ Social Committee

How did you learn about the Children's Hospital Guild? \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE OF \$25 IS DUE JANUARY 31<sup>ST</sup> OF EACH YEAR**

**Payment may be made by cheque or e-transfer**

**Cheques** should be made payable to: Children's Hospital Guild of Manitoba, Inc.

Please mail cheque and completed Membership Form to:

Ilene Holmes, 710 Cloutier Drive, Winnipeg, MB R3V 1A8 / 204-269-6662

**E-Transfers** should be submitted to: [childrenshospitalguildofmb@gmail.com](mailto:childrenshospitalguildofmb@gmail.com) Please include your name and reason for payment and send a completed Membership Form to Ilene Holmes at the above address.

**Withdrawal from the Guild:** Please write to the Guild Secretary:

Marne Ross, 3203-55 Nassau Street, Winnipeg, MB R2L 2G8 or email: [marnieevelynross@gmail.com](mailto:marnieevelynross@gmail.com) if you no longer wish to be a member.

\*\*\*I give permission for my contact information to appear on the Membership Roster:

\_\_\_\_\_ YES \_\_\_\_\_ NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office Use only:

PAID: Cheque \_\_\_\_\_ # \_\_\_\_\_ Cash \_\_\_\_\_ Date of e-transfer receipt: \_\_\_\_\_